

MDR Tracking Number: M5-04-2147-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on March 15, 2004.

In accordance with Rule 133.307 (d), requests for medical dispute resolution are considered timely if it is filed with the division no later than one (1) year after the date(s) of service in dispute. The Commission received the medical dispute resolution request on 03-15-04, therefore the following date(s) of service are not timely: 03-03-03 through 03-13-03

Based on correspondence from the requestor, ____ the request for a medical fee dispute for date of service 03-21-03 for CPT code 97122 has been withdrawn.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that therapeutic exercises, myofascial release, neuromuscular re-education, traction manual, and hot/cold pack therapy were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the treatment listed above were not found to be medically necessary, reimbursement for dates of service from 03-18-03 to 03-27-03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 30th day of June 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

PR/pr

NOTICE OF INDEPENDENT REVIEW DECISION

May 21, 2004

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IRO Certificate #: IRO4326

The ____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ____ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ___'s health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

Records indicate that this patient was injured during the course of her normal employment on ___. The history reveals that the patient was working as a special education assistant and was punched in the sternum by a student. The patient sought care under the administration of her primary care physician. Medication management was employed. The patient presented to the office of her chiropractor on 12/02/02 and was initiated on a course of care including passive and aggressive active modalities. An MRI of the thoracic spine performed on 12/30/02 was reported as normal. The patient initially participated in conservative treatment including active care, however records indicate that no progress was achieved. The patient was referred for psychological intervention on 03/07/03. The patient was diagnosed with psychological overlay related to her medical condition. Chiropractic care was resumed at the office of a new attending provider on or before 03/03/03. A designated doctor examination was performed on 03/27/03. The examiner opined that the patient's symptomatology was consistent with Category I, which carries 0% whole person impairment value.

Requested Service(s)

Therapeutic exercises, myofascial release, neuromuscular reeducation, traction manual, and hot/cold pack therapy billed from 03/18/03 through 03/27/03.

Decision

It is determined that the therapeutic exercises, myofascial release, neuromuscular reeducation, traction manual, and hot/cold pack therapy billed from 03/18/03 through 03/27/03 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The medical record documentation does not substantiate the medical necessity for the care listed above from 03/18/03 through 03/27/03. Specifically and consistent with generally accepted standards of care and practice within the chiropractic profession, this patient had attended an adequate trial of chiropractic intervention that began on 12/02/02 and lasted for several weeks until additional referrals were made.

This trial of chiropractic care, under the administration of the chiropractor, included passive as well as active care for the treatment of uncomplicated soft tissue injuries. There are no positive advanced tests to suggest that the patient's injuries were negatively impacted by any complicating factor or comorbidity from a physical standpoint. In response to this trial of chiropractic intervention, there is no documentation to suggest that the patient experienced therapeutic gain. The documentation suggests that the patient did not satisfactorily respond to the course of care administered. In addition, the documentation does not include a comprehensive initial examination reflecting the initiation of care under the administration of the current attending provider to include objective information that would indicate the presence of lingering objective deficits and to provide a baseline of data from which to ascertain if continuing chiropractic care was efficacious. From a subjective and retrospective standpoint, the documentation reflects no significant improvement from 03/18/03 through 03/27/03 in reported pain levels. Also from a retrospective standpoint, a designated doctor examination was performed on 03/27/03. This examination did not reveal any lingering objective deficits that would have required chiropractic intervention as administered. In light of the issues raised in the above discussion, the requested course of care is not certified as medically necessary to treat this patient's condition. Therefore, the therapeutic exercises, myofascial release, neuromuscular reeducation, traction manual, and hot/cold pack therapy billed from 03/18/03 through 03/27/03 were not medically necessary to treat this patient's condition.

Sincerely,